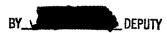
STATEMENT OF ECONOMIC INTERESTS LEGITICAL LES COMMISSION COVER PAGE

RECEIVED SHERYL THUR, COUNTY CLERK

JAN 29 2010



2010 FEB - 1 AM 8: 50 A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)		DAYTIME TEI EPHONE NI IMBEP
Viegas	• John	Keith		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Court		4. Schedule	Summai	·V
Name of Office, Agency, or Court:	<u> </u>	► Total number	of pages	
Glenn County Board of Supervisor	rs	including this	cover pag	9:
Division, Board, District, if applicable:		► Check applicatinterests."	ole schedu	les or "No reportable
Your Position:		I have disclose attached sched		on one or more of the
Board Member		Schedule A-1	☐ Yes – s	schedule attached
If filing for multiple positions, list ac position(s): (Attach a separate sl		Investments (Less	_	
Agency:	• *	Schedule A-2 Investments (10%	_	schedule attached nership)
Position:		Schedule B Real Property	☐ Yes – s	schedule attached
2. Jurisdiction of Office (Che	eck at least one box)	Schedule C Income, Loans, & and Travel Payments,	Business P	chedule attached ositions (Income Other than Gifts
☐ State ☑ County of Glenn		Schedule D Income – Gifts	☐ Yes – s	chedule attached
City of		i		chedule attached
Multi-County	1	Income - Gifts -	navei Payin	erns
Other			-or-	•
3. Type of Statement (Check	at least one box)	No reportable	e interests	on any schedule
-				
Annual: The period covered is Ja	nuary 1, 2009	5. Verification		
through December 31, 2009.		I have used all r	easonable	diligence in preparing this his statement and to the best
-or-		1		on contained herein and in any
O The period covered is/ December 31, 2009.	/, through	attached schedules	s is true an	d complete.
Leaving Office Date Left:/_ (Check one)				iry under the laws of the State ing is true and correct.
O The period covered is January date of leaving office.	1, 2009, through the	Date Signed		nuary 29, 2010
O The period covered is/ the date of leaving office.	/, through	Signature		
Candidate Election Year:		(File th	é originally sign	ed statement with your ting official.)



California State Association of Countles

DATE(S): 01/01/09 - 12/31/09 AMT: \$

TYPE OF PAYMENT: (must check one) X Gift

NAME OF SOURCE

1100 K Street Suite 101

Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE **Board of Directors Meetings**

ADDRESS

CITY AND STATE

SCHEDULE E Income - Gifts 2010 MAR - 1 AM 8: 21 Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

SHERYL THUR, COUNTY CLERK

FED 9.4 2/10

DEPUTY

*	Reminder		you	must	mark	the	gift	or	income	box.
---	----------	--	-----	------	------	-----	------	----	--------	------

· You are not required to report "income" from government agencies.

187.10

Income

► NAME OF SOURCE
ADDRESS
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:
Verification
Print Name John K. Viegas
Office, Agency or Court Glenn County Board of Supervisors Dist1
Statement Type 2008/2009 Annual Assuming Leaving Manual Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed February 24, 2010
Signature